

**CDC *Vital Signs* Town Hall Teleconference on
Asthma in the United States
Q & A Transcript**

May 10, 2011
2:00pm – 3:00pm EST

Lorine Spencer: Thank you very much. Thank you all for your excellent presentations. In just a moment the operator will open all of the lines. As a courtesy to everyone on the call, we ask that each of you please mute your phone by pressing Star 6 when you are not talking. Operator can you please open the lines now.

Coordinator: All right.

Lorine Spencer: I now I'd like to turn it over to Dr. Monroe for her initial thoughts.

Woman: I'm sorry I'm on a conference call that's why I'm being rude I'm sorry. Just stay with me a moment. Because it's for work. I needed to be on it.

Lorine Spencer: Can you please mute your phone?

Okay Dr. Monroe?

Dr. Judy Monroe: Well thanks. Thanks everybody for your presentations.

And, you know, what struck me I'm—I have a clinical background and practiced for a number of years and just hearing the statistics brought me back to the bedside of many patients that I saw in the emergency departments or in the intensive care units. And the burden of this disease and the severity of asthma really does go unnoticed by many people. I don't know that folks understand how serious this is.

But what I heard in the presentations was that excitement. I liked what Charlotte was saying about the energized dialogue and that we all should be energized about what can be done.

Very impressive results from Missouri, you know, looking at some of the county-level successes with decreasing really this burden of asthma by having the enviroclinical—I'm not sure I've heard that term before but I—that really makes sense to me. We really are in the era of medicine and public health needing to work together.

One of the things that I used to ask in audiences when I was a state health official was, “What part of the problem do you own?” And certainly asthma I think in these presentations we've seen where many partners can own a part of this problem and the synergy of coming together can make a huge impact with cost savings and, especially where the states are with aid, it is very exciting data that came out of this.

So to kind of kick us off, I'll start with a first question for the presenters.

As you talk about the power of the partnerships and how this needs to be done, really approached from a systems approach, any particular pearls or advice about how to leverage those partnerships? Kind of drilling down into some specifics or challenges that any of the speakers have overcome in getting those partners to the table and really maximizing what they can bring to the table?

Peggy Gaddy: This is Peggy from Missouri. What we found early on with our partnerships is we tried to do like the traditional, we had the committees and we created the state plan. And what we noticed is that sometimes our planners serve their utility and they're not really the ones that implement...

Dr. Judy Monroe: Yes.

Peggy Gaddy: ...or go out and do the work to do to implement the plan.

So we had to change the structure of our coalition and lean more towards the ones that went out and actually did the work and implemented the interventions. So I think it's a constant process of change. You have to re-evaluate and decide which partners you're going to bring in and which partners may retire for a little while.

And we also brought in partners that like our Missouri Foundation for Health. When we presented some of the successes that we were having around the state they are investing over \$8 million in six years in community asthma interventions which we think is huge. That's things that we could have never done with our CDC dollars because it does pay for some of the clinical interventions.

Dr. Judy Monroe: Well those are great—really you can have vision and a great plan but without implementing that—it stays on a shelf. So that's great advice, active management and constantly watching the partners. I love that.

Lorine Spencer: Okay thank you Dr. Monroe. Just to remind everyone, if you're not speaking if you could please mute your phone by hitting Star 6 and if you do have a question if you could please state your question now for any of the speakers.

Operator do we have any questions?

Barbara Lucas: This is Barbara Lucas from Indiana. We've had an asthma coalition for a long time and its grown kind of tired. So we're working on reenergizing it and I just wonder if any of the speakers have lived through that phase in coalition development and how they overcame it?

Sarah Olson: This is Sarah Olson at CDC and actually I've worked on partnerships in general. And first I'd tell you that that is very common.

And so you may want to kind of go through an abbreviated version of what you did when you established the coalition, which is pull some key people or the whole group together and really take a look at where are we now and where do we want to go and who else needs to be at the table, as well as looking at what are the variables that you really want to address.

And sometimes coalitions have reached their goal and there's not anything else to do. But other times you want to just set a whole new goal. Maybe it's looking at environmental things or maybe it's looking at okay now we want to focus on schools or now you want to focus on some of the Medicaid population or the community—the parts of the community that are maybe most at risk. And you can do that through zip codes and other analyses.

So sometimes having a new target, a new thing that you can be passionate about re-energizes the group. And once that's very clear then that also directs you to what new partners might be invited.

Charlotte Collins: Yes this is Charlotte Collins. In my work with partnerships, one of the things that I would add to that is to never forget the power of a really passionate individual who's been affected by the work heretofore of the partnership and by the partnerships goals. And just hearing someone speak about, you know, how important it was for them to know how to use a spacer with their child while they're trying to administer medication and what a difference it makes when, you know, their children are able to stay in school and not experience, you know, 28, 30, 40 absences a year, that kind of thing is very powerful.

And trying to figure out a way to contrive that kind of—contrive a meeting or an event so that those voices can be heard by the leaders of the coalition is, could be, a real reenergizing point to start rethinking where you've come from and where you need to go.

Sarah Olson: This is...

Eric Armbrrecht: This is...

Sarah Olson: ...Sarah again. I think I'd just like to reiterate what you said in a way. And part of that is recognizing the people that have helped make those changes so that they're reenergized. And maybe it's the nurses in the doctor's office or the school nurses. So finding people that you can recognize and connect them back to what they did sometimes breathes some new life.

Barbara Lucas: Thank you.

Eric Armbrrecht: This is—I was going to—this is Eric from Missouri with Peggy. And I just thought I would add a couple other things, I think, into the reenergizing one is what we found to be pretty effective in Missouri is focus on small groups. So you can build—we found that we were able to build better dynamics on project-specific workgroups rather than a kind of widely known sort of like mega-coalition and lots of community-based coalition models. We're not opposed to community-based coalitions at all, but small, focused task force where people are not signing up for indentured services, right?

So one of the things that we found is that when people understand that their commitment is for a period of time, for a specific task, that they can get energized around it rather than inviting them to this sort of global "I don't know how long I'm going to be committed to this but it looks like they want my entire life" kind of a partnership.

You know, another thing that we experienced, you know, is—and Peggy mentioned this in her comments—is that there was a phase where heavy investment in planning was really what the coalition was doing. I mean it was all about the strategy and the strategic plans. And then what happened is that we found that the personalities and the type and the skills (maybe not personalities) but the skills that we had at the table in the coalition were not the skills that we needed to actually roll up the sleeves and get stuff done.

And so there was an element of turnover. I mean a lot of people were the same but there were some people who realized I'm not going to get any money for my organization by participating in this, and so their level of interest waned considerably. I just think it was important to recognize that.

One other idea from other work that I found is that if you establish a small grant program you can bring people together to give away small amounts of money or you can bring them together to get small amounts of money. People like to contribute to something where—that there's a direct investment that's happening. And we've done a little bit of that work, not so much in around partnership development in Missouri, but we've done that with an initiative called the Asthma School Nursing Award. And that's been able to generate a lot of enthusiasm on an annual basis because people get excited to give away money right, or people get excited to get—even small amounts, I mean under 1000 bucks. Okay that's it. I'll be quiet now. Thank you.

Lorine Spencer: Thanks.

Barbara Lucas: Thank you.

Jacqui Vok: This is Jacqui from AAFA, Charlotte's colleague. I wanted to add on to that. Those are wonderful ideas, but for those who aren't familiar with the

American College of Chest Physicians they do an annual symposium for asthma coalitions and COPD [chronic obstructive pulmonary disease] coalitions.

They had their 12th annual symposium last fall in Vancouver, British Columbia. If you are looking to join up with other coalitions, I've attended one several years ago, and it's a wonderful opportunity for representatives from various coalitions across the United States to join together and swap great ideas like we're doing right now by phone. But it's another opportunity. And they do offer scholarships for these coalitions who really just can't afford to travel to someplace quite as exotic as Vancouver. Just a thought, the American College of Chest Physicians, you can find it on their website.

Lorine Spencer: Thank you. Other questions or success stories that you've had in your particular area?

Leyla McCurdy: Well hi. This is Leyla McCurdy. I'm with the National Environmental Education Foundation and we work with many of the groups.

And it's so good to hear the emphasis on partnerships. Obviously we all recognize that, you know, asthma requires multiple approaches and requires really coalitions to really tackle it. And it was so well demonstrated with all the presentations. And thank you very much.

And we are well-equipped, through a network of pediatrics faculty members, who are our faculty champions. They are training others around the country about the environmental management component of asthma as part of a comprehensive asthma management. And I wanted to make an offer to the group that these experts are available to be part of your local efforts to come train other healthcare providers in your community about the comprehensive

approach to asthma management with an emphasis on the environmental component.

So I will again say repeat my name. My name is Leyla, L-E-Y-L-A-McCurdy. And I'm at the National Environmental Education Foundation and my telephone number is 202-261-6488. And we are a partner of CDC, as well as the National Asthma Control Initiative as well as EPA, so we are very happy to expand those partnerships and to work with every one of you. Thank you.

Lorine Spencer: Thank you Leyla.

Woman: What's your phone number again?

Lorine Spencer: Leyla, could you repeat your phone number?

Leyla McCurdy: Sure, it's 202-261-6488.

Lorine Spencer: Thank you.

Leyla McCurdy: Sure.

Lorine Spencer: Other comments, questions, or success stories?

Dr. Judy Monroe: Any more questions?

Eric Armbricht: No, but—this is Eric—I'll add one comment that I think we have our—that we're paying close attention to in Missouri that Peggy, you know, brought up at the end of her, you know, end of her remarks is how we're really taking in and really then what we kind of call an enviroclinical approach.

That you cannot de-tangle these two issues of the home or school environment and the clinical management, whether it is medicine or self-management education support, for effective asthma care outcomes.

And I think one of the things that we are paying attention to is, as healthcare reform starts to take shape and insurance coverage becomes the norm, we're concerned about, you know, the services that people with asthma need in order to maximize the benefits of their insurance coverage and that the medical system isn't necessarily designed real well to do that.

And we've found a lot of success in Missouri by working with school nurses who we're training as a workforce to be proactive case managers for children with asthma, not just reactive administering albuterol, but folks that are actively engaged in the proactive management of asthma for these young children and educating—and also having a very important role in educating their parents.

And so we just - I think that as the debate sort of carries on about the future of asthma in the United States and how we should best handle this, the one unique contribution that a state asthma program makes is really bringing together these two spheres of influence that don't necessarily overlap in the public health infrastructure other than in an asthma program of the environmental factors and these and the clinical ones.

And it's just, I just want, you know, if there are folks listening about, that have the ability to really think about and contribute or advocate for, you know, this approach being refined and expanded we'd love to, you know, we'd like to advocate for that and let people know that we're finding it to be a successful approach in Missouri. Thanks.

Lorine Spencer: Thanks Eric. And I'm a nurse. And I was just interested; do you have nurses in all of your school systems there, all the schools in Missouri? Because I think that's one of the struggles. Certainly here in Georgia that's a struggle. We do not have school nurses in every school in the state of Georgia so...

Eric Armbricht: It is. I'll let Peggy give you the specific stats. I mean we are privileged in Missouri to have a very high or optimal—I don't want to call it optimal, but a very good student to school nurse ratio. It hovers in about 700 to 800 students per school nurse. It's not 100% coverage across the state but we have a pretty sophisticated infrastructure here in Missouri and we've capitalized on that since the beginning of the, you know, of the asthma program.

And even when—even in schools where it doesn't exist, you know, we were trying to just figure out a way—and that might be through local public health agencies that can provide some of those services or training, you know, who essentially someone in that school is functioning like a school nurse even when there's not one there.

And so we're trying to sort of—and we're acknowledging that that may be the future is that—hopefully not. We're very much advocating for more investment in school nursing services because we seem to be able to justify a lot of it based on a few health conditions, right? You don't even have to talk about the full breadth of the school nurse and their contributions to the health of young children. You could focus on three or four conditions and justify, from an economic perspective, that investment.

And, you know, so we are—I think we are unique. Maybe, I don't know if we are unique, but we do have an advantage in Missouri that we have really capitalized on from an asthma perspective of the school nurse but not 100% universal coverage for kids. Peggy, I don't know if you want to add anything to that.

Peggy Gaddy: Well up until this last year, we had coverage for all of our kids except in like six really small school districts. There were like 600 children that didn't have access to school nurse. But of course with funding cuts and schools getting evermore shrinking budgets, we now have 20 districts that aren't covered and we don't know how that's going to continue over the next few years.

Janet Kaiser: Can you take another question?

Lorine Spencer: Yes we can take one more question.

Janet Kaiser: Okay this is Janet Kaiser in Minnesota. I just want to say that's very impressive that you have a ratio of a school nurse to perhaps every 800 students. One of the activities we put in our last asset plan was to work on getting that ratio improved. And I just think it's huge. It could be huge contribution to improve public health in this country if we could get more school nurses. So bravo for whatever you're doing to make it happen in Missouri.

Peggy Gaddy: Well I tell you one thing, we have a great school nurse consultant that works with our schools. And she has made it important for those nurses to collect data. And when they go to their superintendent or to their school board and they come back with some of the outcomes they've had with these children, it makes them see how important they are.

Eric Armbrecht: I mean just most recently we collected—we'll be sharing this in some format sometime in the future—but we have like I don't know—how many reports Peggy? We had every school nurse contribute; it was working on a specific initiative. We had about, I don't know, 1,100 reports of school nurses on the effect of their targeted asthma interventions for—it's basically like the three kids that they've been working with on a very proactive case management approach. And we've been collecting all of that data from all across the state.

So and trying to make that part of the story that—because we believe right, that optimal asthma care is—it's not totally dependent on it but we've just seen a lot of benefits the school nurse provides. And so we want to do everything we can at our program to support the role of the school nurse and make it difficult—that's the right way to say it—you've got to make it difficult for legislators, or more specifically in this case local school boards, to cut back on school health services by school through school nursing. Okay thanks.

Lorine Spencer: Thank you. Any last comment, questions, success stories? We're going to wrap it up.

Lorraine Kohler: This is Lorraine Kohler. I work with the EPA and with the New Jersey State Asthma Coalition of Pediatric/Adult Asthma Coalition of New Jersey, and we have also worked very closely with school nurses to provide schools the tools to get an asthma-friendly school award. And in fact, last year one of the larger districts in the state (Patterson) was in the process of receiving that award when the nurses got notices that 50% of them would be cut.

We made a big celebration of the award ceremony. They had people there from the school district, from the school board. And in fact those cuts were replaced because they realized all of the things that the nurses had been doing to not only protect the environment for the kids with asthma but really for all of the students. And I think it was a big of a part of why those cuts were rescinded.

Lorine Spencer: Fantastic, that's a great success story. Thank you. Unfortunately it looks like we're running out of time. But before we close, please take a moment and look at the next to last slide in the PowerPoint presentation. There you'll find a number of links to help you integrate this *Vital Signs* into your own website and social media channels for free. For example, you can become a fan on Facebook, follow us on Twitter, syndicate the *Vital Signs* so that it

automatically appears and updates on your website for free, and you can also download interactive buttons and banners for use on your own site.

On the last slide is a link for you to email us your feedback. We do want to hear your feedback and we do use it in planning future teleconferences. The date and information for next month's teleconference can also be found on this slide.

Thank you again for your very wonderful presentations and the great discussion. And now I'm going to hand it back over to Dr. Monroe to close out the meeting.

Dr. Judy Monroe: Well thanks everybody and thanks for the discussion. One of the things I did hear loud and clear through all of this, and especially that conversation at the end, was the power of passion and the power of story. And I would challenge all of you to use the power of those stories to get earned media and get this out there in your local newspapers. The burden of asthma, the local stories, using—one of the things I found as a state health official, small radio stations are always looking for stories and you can get speakers out. And people listen to the radio when they're driving and so forth. So, you know, use those to help energize your coalitions as well.

So I want to—I just want to thank everybody for joining us today, especially our speakers Dr. Zahran, Peggy Gaddy, Charlotte Collins, and Lorine Spencer for facilitating our discussion and for all of you that participated on the call. So please join us next month June 14th and we're going to discuss foodborne infectious disease and food safety. Close to all our hearts right? Have a great day.

Woman: Thank you.

Coordinator: This concludes today's conference call. Thank you for participating. You may disconnect at this time.